

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: JIAO et al. Docket No.: 372465-01501 (336946)
Serial No.: 10/671,849 Art Unit: 2628
Filed: September 25, 2003 Examiner: Cachera, Antonio A.
For: **ANTI-ALIASING LINE PIXEL** Conf. No.: 8693
COVERAGE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Total Pages Faxed: 14

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 12 Page Supplemental Amendment & Response After Final Under 37 CFR § 1.116.

STATUS

- ☒ Applicant is a large entity.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00

Fee \$0.00

- ☐ If an additional extension of time is required please consider this a petition therefor.
- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF ELECTRONIC TRANSMISSION (EFS)

CERTIFICATE OF TRANSMISSION BY ELECTRONIC FILING SYSTEM (EFS-WEB): I certify that I am working under the authority of the certificate holder that this correspondence (and all attachments listed) is being electronically filed with the U.S. Patent & Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: September 25, 2006

Yvette Yturralde-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Addit. Fee		
Total *	18	Minus *0*	28	=	0	X25=	\$0	X50=	\$0	
Indep. *	8	Minus *0*	9	=	0	X100=	\$0	X200=	\$0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+145=	\$	X290=	\$0	
						TOTAL ADDIT.FEE	\$25	<i>OR</i>	TOTAL ADDIT. FEE	\$0

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.

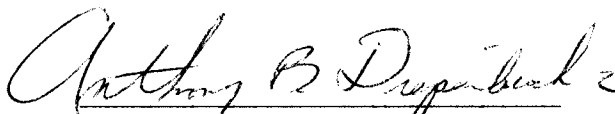
FEE PAYMENT

☐ Charge Account No. 50-2778 the sum of \$0 for _____.

FEE DEFICIENCY

☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Date: September 25, 2006


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